

Registration Form
Please print all information

Mail this to us as soon as possible.

Ruth Sweet
Lactation Assistance Services
120 Paoli St
Verona WI 53593

We need this form and your payment at least a week before the class date.

Your name

Partner's name

Street address

City & zip code

Phone number

Email

Date you will attend class

Baby's due date

Referral source

What do you want to learn about breastfeeding?

Were you breastfed?

How many breastfed children do you know?